

NAME: _____
Case No.: _____
CDCS No.: _____

**AUTOMATIC PAYMENT AUTHORIZATION
FOR CIVIL DEBTS**

As a convenience to me, I request and authorize my Bank,

_____,
(Bank name)

_____,
(address)

to withdraw from my checking/savings account number _____, **monthly**,
the sum of \$ _____. This amount is to be mailed to:

**U.S. Department of Justice
P.O. Box 70932
Charlotte, NC 80294-3589.**

Important: Please include Debtor's name and CDCS number on the check.

Said authorization, to the benefit of the United States, is to satisfy a judgment rendered in the United States District Court for the District of Colorado, bearing the above Case Number in the original amount of \$ _____, plus interest at the rate of _____.

This Authorization will remain in effect until both the U.S. Attorney's Office, Financial Litigation Unit, and I **jointly** notify said Bank, **in writing**, to terminate, and said Bank has a reasonable time to act on the termination.

DATED: This ____ day of _____, 20__.

Depositor

ACKNOWLEDGED AND RECEIPTED

(Name of Bank)

By: _____

Title: _____

APPROVED AS TO FORM AND CONTENT:

UNITED STATES ATTORNEY
FINANCIAL LITIGATION UNIT

By: _____
Date: _____